



Vocational Rehabilitation

Nebraska Department of Education

CASE REVIEW INSTRUMENT-EMPLOYMENT PROCESS

Name of Job Seeker _____ Date of Review _____

Name of Reviewer _____ Name of Staff _____

1. Was Job Seeking Skills completed? ☐ Yes ☐ No

2. Was the Job Search Strategy form completed? ☐ Yes ☐ No

Comments: _____

3. What advocating was provided to the job seeker?

☐ Picking up and returning job applications to employers

☐ Contacting employers for current job openings

☐ Setting up or attending job interviews

☐ Following up with employers on client's behalf

☐ Providing appropriate job leads

☐ Setting up OJT's or OJE's

☐ Other _____

4. During the job search phase, was weekly contact maintained with the job seeker? ☐ Yes ☐ No

If no, explain why?

5. How long has the person been in Employment Services?

6. Was the job search strategy reviewed every 90 days while in employment services?

☐ Yes ☐ No

What was decided in the review?

7. During the initial 90 days of employment, was the following contact schedule maintained?

☐ 2 times in the first 30 days

☐ 3rd month contact

☐ 2 month contact

☐ Other (Explain) _____

8. Was contact frequent enough to meet the consumer's and employer's needs? ☐ Yes ☐ No

Comments: _____

9. Was the employer offered a Federal Tax Credit? ☐ Yes ☐ No ☐ NA

10. At inactivation, did a task note include the placement services provided to the job seeker? ☐ Yes ☐ No

Did we complete the employment record screen in QUEST? ☐ Yes ☐ No